SleepServices Australia

Sleep Study Request

1300 867 533 | 1300 867 532 | bookings@sleepservices.com.au

First Name: _____ Surname: _____ Gender: _____ D.O.B: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Tel: _____ Mobile: _____ Medicare/DVA No.: _____ Ref No.: _____

☐ Private ☐ Concession ☐ Workers' Comp ☐ Pre-Employmen/OHS ☐ Yearly OHS Assessment

TEST REQUIRED: Sleep Study Type:

- ☐ Diagnostic
- ☐ MAS Review
- ☐ CPAP Review
- ☐ Provent Review
- ☐ Respiratory Signals Only

Other Services: (Head Office Only)

- ☐ Physician Consultation
- ☐ CPAP Trial
- ☐ Apnoea Guard Trial
- ☐ CPAP Equip. Review

Respiratory Function Test: (Head Office Only)

- ☐ Spirometry
- ☐ Gas Transfer (DCLO)
- ☐ Bronchial Challenge (Aridol)
- ☐ Lung Volume
- ☐ MIPS/MEPS

CLINICAL INFO:

- ☐ Snoring
- ☐ Unrefreshing Sleep
- ☐ Daytime Lethargy/Sleepiness
- ☐ Insomnia
- ☐ Nocturnal Gasping/Choking
- ☐ Restless Legs
- ☐ Witnessed Apnoeas
- ☐ Other

COMORBIDITIES:

- ☐ Atrial Fibrillation
- ☐ Diabetes
- ☐ Stroke/TIA
- ☐ Depression
- ☐ Hypertension
- ☐ COPD
- ☐ Cardiac Failure
- ☐ Other

DATE RESULTS REQUIRED:

☐ Standard ☐ Urgent ☐ Email ☐ Fax

Copy Results: (List Full name, Address and contact details)

Requesting Doctor contact details must be completed:
(Provider No., Surname and Initial, Address, Phone and Fax)

Doctor's Signature _____ Request Date _____

MEDICARE REQUIREMENTS

For a Sleep Study Test to be performed for your patient it is a Medicare requirement that the following questions **MUST BE ANSWERED** including the **STOP-Bang Scoring** and the **Epworth Sleepiness Scale**

Height _____ cms. Weight _____ kgs. BMI _____ Neck Circumference _____ cms. Age _____

STOP-Bang Scoring Model

1	**Snoring:** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
2	**Tired:** Do you often feel fatigued, or sleepy during daytime?	Yes	No
3	**Observed:** Has anyone observed you stop breathing during your sleep?	Yes	No
4	**Blood Pressure:** Do you have or are you being treated for high blood pressure?	Yes	No
5	**BMI:** BMI more than 35 kg/m2?	Yes	No
6	**Age:** Age over 50 years old?	Yes	No
7	**Neck circumference:** Neck circumference greater than 40cm?	Yes	No
8	**Gender:** Gender Male?	Yes	No

High risk of OSA: answering Yes to three or more questions. **Low risk of OSA:** answering Yes to less than three questions.

Answering Yes to more than 4 questions is required for a bulk-billed study. If your patient does not meet this criteria a consultation with a Sleep Physician is required prior to a sleep study being undertaken.

Epworth Sleepiness Scale

0 - Would never doze. 1 - Slight chance of dozing. 2 - Moderate chance of dozing. 3 - High chance of dozing.

	Scores below 8 do not qualify for a bulk-billed study and a consultation with a Sleep Physician is required.	**Score (0 - 3)**
1	Reading	
2	Watching TV	
3	Sitting inactive in a public place (e.g. cinema, meeting)	
4	As a passenger in a car for an hour without a break	
5	Lying down resting in the afternoon when circumstances permit	
6	Sitting and chatting to someone	
7	Sitting quietly after lunch (not having had alcohol)	
8	In a car when you stop in traffic for a few minutes	
	Your overall Total:	